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ABSTRACT

The paper describes Project PIPE (Parent Involvement through Parent Education), an approach designed to increase the involvement of parents of preschool developmentally delayed and disabled children in their children's education and treatment programs. Three phases are delineated: (1) development of a community network (facilitating relationships between early intervention programs and community resources agencies); (2) development of a parent resource center containing books, pamphlets, articles, slides, tapes, teaching materials, adaptive equipment or toys and games; and (3) development of a parent centered program (identifying and overcoming barriers to parent participation). A parent-centered curriculum developed by the project is also described. ((L))

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PARENTS AS PARTNERS IN EDUCATION

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PRESENTED BY:

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PROJECT PIPE

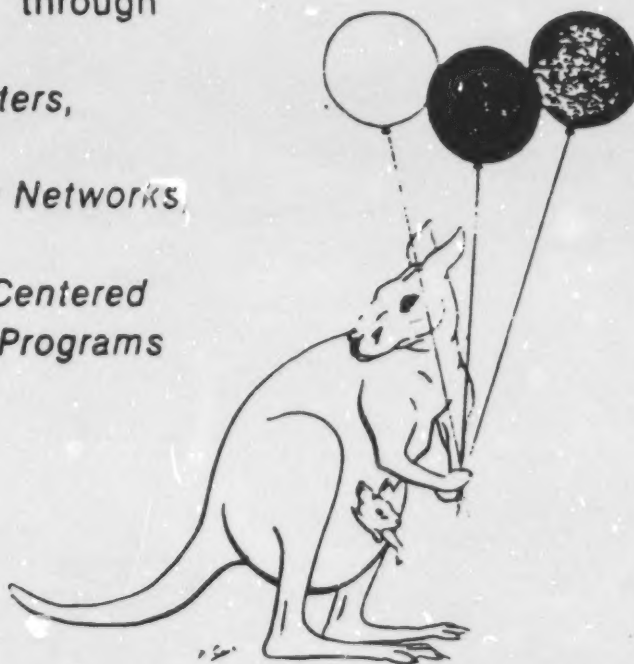
(Parent Involvement through Parent Education)

Strategies to Enhance Parent Involvement
through

Resource Centers,

Community Networks,

*Parent Centered
School Programs*



AN EARLY INTERVENTION COMMUNITY NETWORK

Prepared By

Project PIPE*

(Parent Involvement through Parent Education)

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OVERVIEW

Project PIPE was a three year research grant (1982-84) awarded by the State Department of Mental Retardation and Developmental Disabilities to Blanchard Valley Center, Hancock County, and Bowling Green State University.

The goal of the project was to increase the involvement and participation of parents of pre-school (0-4) developmentally delayed and disabled children, in their children's educational/treatment programs. To gain the overriding goal, parental involvement, the authors proposed the following sub-goals and objectives:

1. To increase the efforts of community agencies in the process of early identification, referral for appropriate services, and counseling parents of developmentally disabled children to engage in greater involvement in early intervention programs.
2. To identify the causes which prevent parent involvement in their children's early intervention programs.
3. To increase the involvement of parents of developmentally disabled children by decreasing obstacles which are preventing participation in their children's educational/treatment programs.
4. To increase the participation of those parents who select limited or non-involvement in their children's educational/treatment programs.

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A three faceted approach was used by Project PIPE to accomplish these goals. Strategies were developed and field tested under the following three program components:

1. Development of a Community Network

The Community Network is an organized effort to build relationships between Early Intervention programs and key people in community resource agencies such as hospitals, welfare offices, clergy associations, etc.,. This relationship provides a vehicle for two way communication whereby the E.I. program should become more cognizant of services available for families with developmentally disabled children and whereby the community resource personnel should become more familiar with educational programs available for developmentally disabled children and their families. This relationship also forms a basis for collaborative efforts between school and community to promote programs such as: pre-school screening clinics; child development classes for parents in the hospital perinatal units; speakers bureaus that will address community resource and service agencies on the topic of developmental disabilities and early intervention, etc.,.

2. Development of a Parent Resource Center

The Parent Resource Center is an organized information site where media materials are housed and available for parents and professionals. These materials can be in the form of books, pamphlets, articles, slides, tapes, teaching materials, adaptive equipment or toys and

games. The physical location of the Resource Center should be easily accessible for parents and professionals and might be housed in a school, a hospital, a community agency or a program that serves young pre-school children. The center might be organized and staffed by parent volunteers or by professionals. Suggestions for inclusions in the Resource Center should come from parents, teachers and other professionals who deal with young developmentally disabled children. Resources might be donated by individuals or service organizations or funds for resources might be attained through funding drives/programs directed by the parent volunteer group. Lists and descriptions of the resources could be made available to the public by including resource information in school newsletters or parent group newsletters. The resource center could also provide a meeting place for parent volunteer groups or parent support groups.

3. Development of a Parent Centered Program

The Parent Centered Program is a comprehensive plan whereby the school serving young developmentally disabled children endorses and implements activities that will improve the quality and quantity of parent involvement in school programs. Such a commitment on the part of a school could require the school to adopt or revise a philosophy relative to parent involvement. It is important for the school to be able to define and measure parent involvement as well as develop strategies that will enhance this involvement. The school may find that transportation, babysitting needs, work schedule

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conflicts or attitudes (on the part of parents and teachers) may be deterrents for parent involvement in the schools. School personnel may consider undertaking strategies to overcome these barriers. Such strategies might include the provision of babysitting services, car pooling, flexible scheduling and workshops to facilitate improved attitudes toward parent involvement. The school administration might also develop a Parent Centered Curriculum in which parents are ascribed the role of equal partners in education. This co-partnership could find the parents trained to use the same assessments and teaching strategies which are used by the teachers. This joint approach should also find parents better prepared to participate in their children's IEP conferences.

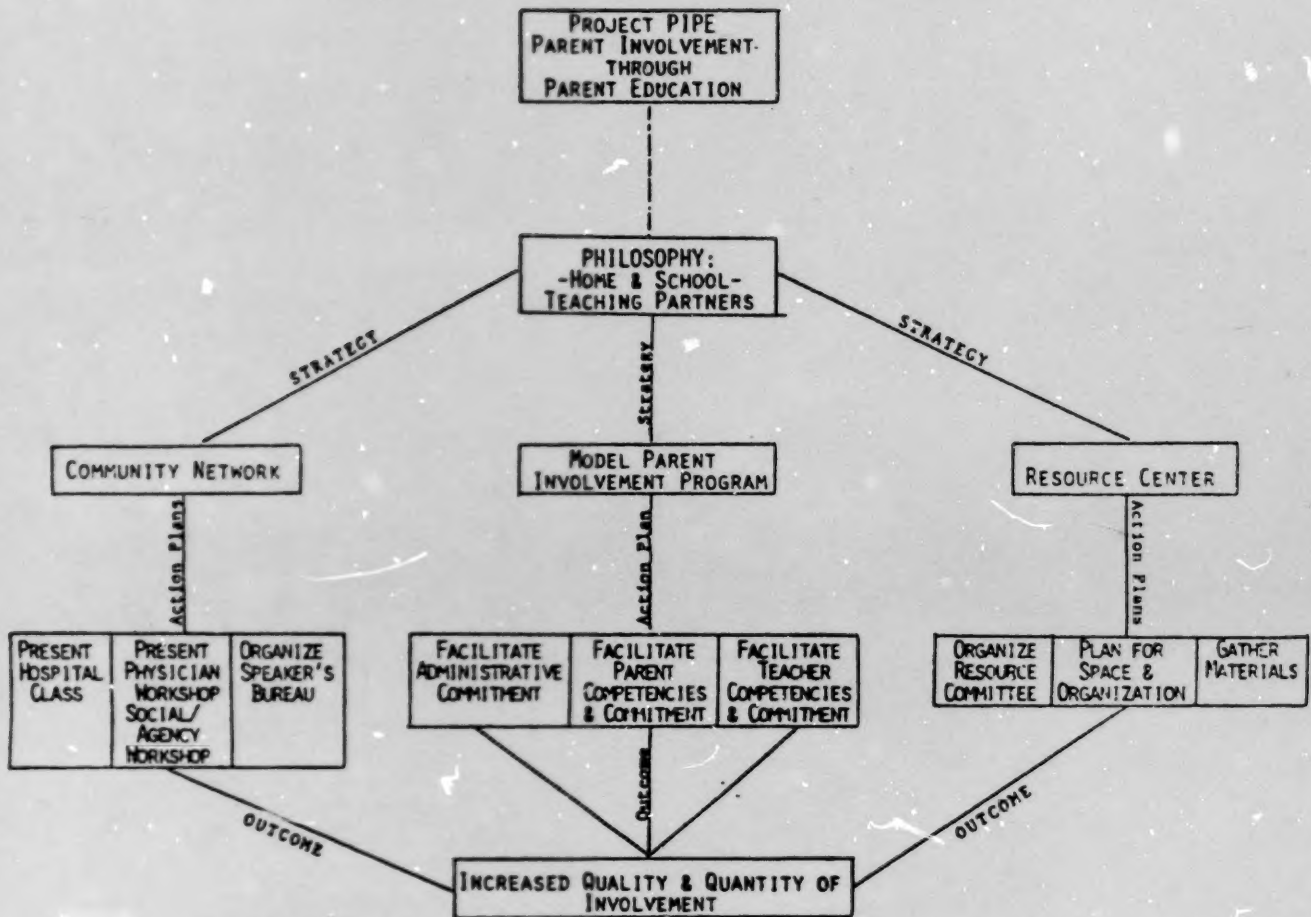
Project PIPE field tested these approaches in two sites, Hancock County and Putnam County. The insights gained through this three year project have been compiled into a three part manual which can be purchased (at cost). The following three manual sections have been prepared to assist school administrators/staffs (of schools for developmentally disabled children, of Early Intervention Programs, of Headstart Programs of public schools) who wish to explore and develop programs that will enhance parent involvement.

Section I: Early Intervention Community Network

Section II: Early Intervention Resource Center

Section III: Early Intervention Parent Centered Programs

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AN EARLY INTERVENTION COMMUNITY NETWORK

Prepared By:



**Project PIPE
Parent Involvement
through
Parent Education**

EARLY INTERVENTION COMMUNITY NETWORK

A. Definition

An early intervention (E.I.) community network is the vehicle by which an early intervention program can utilize existing community resources and their personnel to enhance the process of identification of young developmentally disabled/delayed children aged 0-4, and to facilitate appropriate referral for services. A program would select to utilize only those existing resources that serve young children and/or their families. This network is comprised of representatives from community services such as education, medicine, social work, clergy and others who provide human services for families of the developmentally disabled/delayed. E. I. community networking services include: ongoing public information dissemination to let other people and agencies know what services are available for developmentally disabled/delayed children and their families; informing other agencies about the value of early identification; using other agencies to help meet the needs of handicapped children and their families; and continuous training of parents and professionals on how to recognize developmental disabilities and delays. E.I. networking is the integrated outreach activity of the cluster of community resources serving developmentally disabled/delayed children and their families.

B. Purpose

Although most communities are able to provide services to families of the handicapped, these services are often isolated

and splintered and continue to place the burden on the family to seek out other appropriate resources. The purpose of the E.I. community network is to develop an informed cadre of community resource people who can provide an integrated approach to early identification and referral for early intervention of high risk and developmentally disabled children. This informed network should provide: sensitivity to the needs of families of the handicapped; appropriate counseling services; information on appropriate early intervention services; information on the value of early intervention services; and information on the value of family involvement in early intervention.

In order for parents to access early intervention services, they must be aware of the existence and value of such services. An informed cadre of professionals within the human service delivery system can make the necessary information available to parents.

C. Process

The following procedures are suggested for the development of an ongoing early intervention community network:

1. Identify the various sectors of the community of resources. These sectors could include; medical, educational, social services and clergy.
2. Survey the identified sectors of the community to assess:
 - a. knowledge of the value of early intervention
 - b. knowledge of existing early intervention services
 - c. knowledge of eligibility for early intervention
 - d. knowledge of accessing existing services

3. Identify the Early Intervention Staff (E.I. Staff) who will develop contacts within the various sectors of the community of services and develop strategies to make each sector a functioning component of the early intervention community network.
4. Develop an Advisory Panel of representatives of the business community, the general population, parents, E.I. Staff and the various sectors of the community of resources to advise and assist in the development of an early intervention network.
5. With the help of the Advisory Panel, the E.I. Staff can develop strategies to ensure the perpetuation of the early intervention community network.

D. Specific Activities

Based upon Project PIPE's experiences, the following activities are suggested for the development and maintenance of an outreach program through the E.I. community network:

1. Develop a Community Network Advisory Panel of representatives from the various sectors of community resources available. This group will assist in developing strategies/contacts for the promotion of an early intervention community network.
2. Develop and conduct workshops to inform community resource personnel on early identification and early intervention for high risk and developmentally disabled children aged 0-4.

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3. Work with the Medical Community to develop/adopt a high risk screening tool for newborn infants.
4. Develop and conduct a perinatal class for parents of all newborn infants. This perinatal class would disseminate information on normal childhood development as well as information on appropriate resources available in the event of suspected developmental delays/disabilities.
5. Develop and conduct a community wide preschool screening program. This screening program could be conducted for all 3 year olds in the community and should be used to assist in identifying children with developmental delays.
6. Develop Early Identification/Early Intervention brochures and public relations materials. These materials should be disseminated to social service agencies, medical offices, churches and other sectors of the community network.
7. Develop a Speakers Bureau which can be invited to speak on the issues of early identification and early intervention. This Speakers Bureau may be comprised of parents, educators and other professionals from the community network.
8. Provide a forum in which the early intervention program can become an integral part of the community resources. This could be done by appointing an E.I. Staff representative to a community interagency council.

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AN EARLY INTERVENTION RESOURCE CENTER



**Project PIPE
Parent Involvement
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EARLY INTERVENTION RESOURCE CENTER

A. Definition

A resource center is a library, located within an Early Intervention program, that houses books, magazines, pamphlets, teaching materials and equipment. The materials found in a resource center would supplement the E.I. program, and should concentrate on the areas of early intervention, early childhood development, family dynamics, advocacy, siblings of the handicapped and other such topics that relate to young developmentally disabled children and their families. The resource center should be easily accessible to parents and staff and should be visibly located in the facility that houses early intervention classes.

B. Purpose

Both parents and professionals dealing with the young handicapped child need: information on the characteristics and needs associated with specific handicaps; knowledge of programs, curricula and teaching ideas to use with young developmentally delayed children; and access to teaching aids and materials. The purpose of the resource center is to meet these needs as well as to provide a centralized meeting place where parents can meet formally and informally to share information, ideas and mutual concerns.

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C. Process

The following procedures are suggested for the development of an early intervention resource center:

1. Establish an early intervention task force. In addition to working with the early intervention community network and the parent centered curriculum, the E.I. task force should be involved in the creation and organization of a resource center. The E.I. task force is comprised of parents and early intervention staff. It is suggested that more representation come from parents and that a member of the E.I. staff chair the task force. A subcommittee of the E.I. task force would be formed to work specifically on a resource center.
2. Survey parents and staff. A survey should determine:
 - a. level of interest in using a resource center
 - b. individuals interested in working on the development of a resource center
 - c. individuals interested in working on the ongoing maintenance of a resource center
 - d. types of resource materials needed
 - e. books, magazines and other materials that could be donated to a resource center.
3. Develop an action plan (from the survey results) to establish a resource center.

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D. Specific Activities

Based on Project PIPE's experience, an action plan should include the following activities for the establishment of a resource center:

1. Organization of resource center materials, including location, physical plan, design and maintenance.
2. Funding mechanisms for the resource center to insure the ongoing purchase of materials and equipment.
3. Identification and acquisition of resource materials.
4. Publication of a resource center newsletter.
5. Incorporation of resource center materials into the school curriculum and programming.

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SUGGESTED CATEGORIES FOR RESOURCE CENTER FILING

Aids/Resources For Handicapped	I.E.P./Due Process
Art	Institutions
Assessments	Interpersonal Skills
Autism	Learning Disabilities
Background Texts (Spec. Ed.)	Medical Aspects
Behavior Modification	Nutrition
Brain Injury	Occupational Therapy
Cerebral Palsy	Parenting
Contemporary Issues	Personal Stories
Community Planning	Philosophy
Counseling	Physical Education
Counseling Parents	Psychology
Deaf/Blind	Recreation
Down's Syndrome	Self-Help
Early I.D. & Early Intervention	Social Welfare
Emotionally Disturbed	Social Work
Exercise	Speech & Language
Games	Teaching Exceptional
Grieving Process	Teaching Normal
Hydrocephalus	Toys
Hyperactivity	Visual Impaired

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**AN
EARLY INTERVENTION
PARENT CENTERED
PROGRAM**



**Project PIPE
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EARLY INTERVENTION PARENT CENTERED PROGRAM

A. Definition

For the purposes of this manual, a parent centered early intervention program will be defined as the composite of an existing program with the modifications or adjustments necessary to accomodate parents as partners in the education of their children.

An existing program becomes parent centered when it:

1. Makes the program convenient and attractive for parents and teachers to work as teaching partners.
2. Accepts the important teaching role parents play in educating their children.
3. Adopts an attitude of acceptance and openness to parents and their individual parenting styles.

The parent/teacher partnership means a shared responsibility between home and school. Contributions are made by both parents and professionals, with each respecting the other's opinions and styles. Shared responsibility leads to shared power. In a partnership, each partner has different talents that contribute to an effective whole.

B. Purpose

The purpose of a parent centered program is to promote the quality and quantity of parent involvement in the school program. Historically, the parents have not been extensively included in the educational planning for their developmentally disabled children. The school typically selected what the child would

study and how and when the curriculum would be implemented. All of this was done with little input from the parents. Even with the advent of P.L. 94-142, parental input was minimal as they were given little opportunity to agree or disagree with the school prepared IEP. A parent centered program not only enhances parent involvement, but it ascribes to parents an equal partnership in the educational planning process. Initiating a parent centered program in the early intervention program can assist parents who have the ultimate life long responsibility of seeking educational services for their developmentally disabled children. If parents are viewed as equal partners in the early education years: school and home relationships and communication may improve; the parent/professional relationship may be enhanced; parents may become more qualitatively and quantitatively involved in their child's future educational program; and developmentally disabled children may gain as a result of collaborative planning and teaching at school and at home.

C. Process

The following procedures are suggested for the development of an early intervention parent centered program:

1. Develop an early intervention task force. In addition to working on the early intervention community network and early intervention resource center, the E.I. task force should be involved in the creation and development of an E.I. parent centered program.
2. The E.I. task force will develop an action plan that will attempt to:

- a. define the population (parents, children, staff) who will be participating in an E.I. parent centered program.
- b. evaluate all areas (parents, children, staff, administration, pertinent rules and regulations, etc.,) that impact on an E.I. program.
- c. develop needs statements for an E.I. parent centered program that will represent the needs of all individuals involved.
- d. develop objectives and strategies for the accomplishment of a parent centered program.

D. Specific Activities

Based upon Project PIPE's experiences, the following activities are suggested for the development and maintenance of a parent centered program.

1. Develop an Early Intervention Task Force.
2. Review existing parent centered programs.
3. Assess present level of parent involvement in existing early intervention program.
4. Identify barriers to parent involvement.
5. Develop strategies to overcome identified concrete barriers.
6. Develop strategies to overcome identified abstract barriers.
7. Develop a parent centered curriculum.

ASSESSMENT OF PRESENT

LEVEL OF PARENT INVOLVEMENT

Assessment of Present Level of Parent Involvement

- a. Definition: This assessment process will allow a program to determine the base or present level of parent involvement. The assessment of parental involvement is likely to include information regarding IEP sessions, IEP updates, notes home, phone calls, home and classroom visits. The assessment process will reveal not only the present level of parent involvement, but also, the quality of the parent-teacher interaction.
- b. Purpose: A program needs baseline data to determine whether the new strategies have been effective in achieving the goals. The program's base level of parent involvement will provide the baseline data by which an E.I. program can judge whether the strategies are achieving the desired goal of increased quantity and quality of parent involvement.
- c. Process: There are several ways to assess the present level of parent involvement. To assess the quantity of parent involvement, an E.I. program can have each teacher keep a weekly tally form of contact with individual parents, and whether that contact occurred through notes home, phone calls, home visits, IEP sessions, etc.,.

This parent-teacher contact form also begins to assess the quality of parent-teacher interaction by

stating whether contact was parent or teacher initiated. Further assessment of the quality of interaction can be done by the E.I. task force. These people can observe IEP sessions or IEP updates to examine parent-teacher interaction. The following questions should be answered:

- 1) Who controls the majority of the conversation?
- 2) How many minutes does each participant speak?
- 3) How much and what kind of input does each participant make?
- 4) How do professionals respond to parent initiated comments?
- 5) How do parents respond to professional initiated comments?
- 6) How are programming decisions made?
- 7) What is the "body language" of the participants?

d. Projected Outcomes:

- 1) An E.I. program will have a complete "picture" of the quantity and quality of parent involvement, and will be able to use this baseline data to measure the effectiveness of strategies to create a parent centered program.

e. Additional Comments:

- 1) Except in programs where parent involvement is required (e.g., a parent must accompany their child to class), an E.I. program is likely to see little parent initiated communication.

- 2) Beware of a high quantity of teacher initiated parent contact (e.g., notes home and phone calls). The quality of the interaction may be very low, even though the parents and teachers are having high quantities of contact. This situation is likely to be a one-way communication (from the teacher), while quality interaction is two-way and provides for feedback and clarification.
- 3) When people are being observed, they have a tendency to be on their "best behavior". The important issue is the degree of teacher input and parent input.
- 4) Teachers might feel somewhat threatened by a group of two or three people observing their IEP sessions. Every effort must be made to relieve the anxiety. The emphasis should be placed on building and growing, not on judging or grading.
- 5) It is recommended that the assessment of the present level of parent involvement be done during the year prior to implementing any strategies.

IDENTIFY BARRIERS TO

PARENT INVOLVEMENT

Identify Barriers to Parent Involvement

- a. Definition: A barrier is any situation, concrete or abstract, that hinders parents from becoming involved with the education of their children.
- b. Purpose: The identification of barriers is to assure that any strategies developed to overcome barriers are clearly identified, feasible and will lead to better parent involvement.
- c. Process: The following procedures are suggested for determining barriers that inhibit parent involvement:
 - 1) Develop a format for a formal assessment to identify barriers to parent involvement. In constructing a formal assessment, an E.I. program should consider the type of questions to ask, how many questions to ask and what information is to be obtained from the survey. Questions can be answered by multiple choice, fill-in-the-blank, or a self-rating (Likert) scale.

Both parents and professionals involved in the E.I. program should be surveyed.

- 3) Disseminate the survey to the target population. An E.I. program should strive for a high rate of response to the survey to be able to identify the real barriers to parent involvement.

Dissemination can be by mail or personal contact. One or two follow-ups (via telephone calls or personal contact) after disseminating the survey can further encourage people to respond.

- 4) Analysis of the surveys is the most difficult task. The key is to ask questions whose answers will reliably assess the situation.
- 5) After conducting a formal assessment, an E.I. program should conduct an informal assessment of the barriers to parent involvement. This can be done through small group, or brainstorming sessions with the teachers/professionals. Similar small group work should be done with the parents. However, they may not feel safe enough to be open and honest about their feelings. Individual home visits may be more effective, but the interviewer should be a "neutral" person, such as a parent member of the E.I. task force.
- 6) Compile and analyze the assessment results to formulate a list of barriers. Through assessing both parents and professionals, comparisons and contrasts can be made. Remember that the list of barriers can be concrete and/or abstract.

d. Projected Outcomes:

- 1) An E.I. program will have a picture of the status of parent involvement in their program. This picture will include a list of concrete and abstract barriers that inhibit parent involvement.

- 2) Through the formal and informal assessment process, the parents and professionals associated with an E.I. program will realize the administration is committed to parent involvement and is willing to work toward improving that involvement.

e. Additional Comments:

- 1) Do not rely too heavily on the formal assessment to formulate barriers to parent involvement. People have a tendency to answer survey questions in the way they think they should be answered, rather than how they really think.
- 2) It is recommended to collect, compile and analyze data of the barriers to parent involvement a full year before implementing any strategies.

DEVELOP STRATEGIES TO OVERCOME

IDENTIFIED CONCRETE BARRIERS

Develop Strategies to Overcome Identified Concrete Barriers

- a. Definition: The most common concrete barriers to parent involvement are transportation, babysitting and work scheduling conflicts. E.I. program modifications such as changing a bus schedule or providing babysitting services can be used as strategies to overcome some of these concrete barriers.
- b. Purpose: When an E.I. program is committed to improving parent involvement, many strategies may be implemented at any one time to improve the present level of involvement. Whether those strategies work will only become apparent after they have been implemented and evaluated. Strategies to overcome concrete barriers can be implemented and evaluated much more readily than can the strategies to overcome abstract barriers.
- c. Process: The following process is suggested for developing strategies to overcome the identified concrete barriers:
 - 1) Present survey/assessment findings to the E.I. Task Force. Discuss the implications of the identified concrete barriers (e.g. transportation, babysitting or work/scheduling conflicts).

- 2) Have the E.I. Task Force develop strategies to overcome the barriers.

The following strategies are suggested to overcome the barrier of transportation:

- a) Have parents become bus volunteers to enable them to ride the bus with their child to and from school.
- b) Establish a car pool.
- c) Make more home visits to maintain contact with the parents.
- d) Provide flex-time for the teaching staff.
- e) Offer evening classes as an alternative to daytime classes.

The following strategies are suggested to overcome the barrier of babysitting:

- a) Provide an opportunity for siblings to become involved in the classroom.
- b) Provide babysitting services at school that are either paid for by the school or are available at a low cost to the parents.
- c) Make more home visits to maintain contact with the parents.

The following strategies are suggested to overcome the barrier of work/scheduling conflicts.

- a) Be willing to work with significant others if the parent cannot meet the school's schedule.

- b) Offer evening classes as an alternative to daytime classes.
 - c) Make more home visits to maintain contact with the parents.
 - d) Provide flex-time for the teaching staff to accomodate parents' work schedules.
- 3) Present the strategies to the administration, staff and parents. Make necessary changes and gain administrative approval to implement the strategies.
 - 4) Implement the strategies.
 - 5) The E.I. Task Force should develop and evaluate the effectiveness of these strategies on an ongoing basis and make adjustments where needed.
- d. Projected Outcome:
- 1) An increase in the quantity of parental involvement through the reduction of concrete barriers.
- e. Additional Comments:
- 1) Although the ultimate outcome may be increased parent involvement, an E.I. program may or may not see an increase in parent involvement when concrete barriers are removed. Although alternatives for parents are available, not all parents will take advantage of them.
 - 2) School administration may hesitate to change bus schedules of offer flex-time to teachers. Strategies

need to be cost effective and considered in relation to other programming needs.

- 3) Making more home visits is very effective for parents and teachers. In addition to demonstrating that an E.I. program is willing to reach into the home to provide better educational programming, home visits tend to promote mutual understanding and enhance the quality of communication between the school and the home.

DEVELOP STRATEGIES TO

OVERCOME IDENTIFIED ABSTRACT BARRIERS

Develop Strategies to Overcome Identified Abstract Barriers

- a. Definition: Some of the barriers identified may be abstract or intangible ones. A primary abstract barrier to improved parent involvement can be the attitude toward parent involvement on the part of both parents and professionals. E.I. program modifications such as providing inservice sessions for the teachers and parents on the value of parent involvement can be used as strategies to overcome some of these abstract barriers.
- b. Purpose: When an E.I. program is committed to improving parent involvement, many strategies may be implemented at any one time to improve the present level of involvement. Addressing the attitudes of parents and professionals toward parent involvement is vital as it will facilitate the success of strategies used to overcome concrete barriers and the implementation of a parent centered curriculum. Although the attitudes of parents and professionals toward parent involvement may be difficult to measure and hard to change, this ongoing process of changing attitudes is a prerequisite for increased parent involvement.
- c. Process: The following process is suggested for developing strategies to overcome the identified abstract barriers:

- 1) Present survey/assessment findings to the E.I. Task Force. Discuss the implications of the attitudinal barriers of parents and professionals.
- 2) Have the E.I. Task Force develop strategies to overcome these attitudinal barriers.

The following strategies are suggested for overcoming attitudinal barriers:

- a) A series of workshops for both parents and professionals on communications, competencies, parent advocacy, assertiveness.
- b) Rap sessions for teachers to allow them to "let off steam" and discuss and solve problems.
- c) Rap sessions for parents to be run and organized by parents. Parents talking with parents can allow them to freely express their feelings.
- c) Allow the teachers opportunity for personal and professional growth through inservices and seminars.
- e) Social events to allow parents and teachers a different atmosphere other than school.
- f) Continued administrative support for E.I. program modification that will publicly affirm the value of parent involvement.

- g) Forums for parents and professionals to work together, such as the E.I. Task Force.
- 3) Present the strategies to the administration, staff and parents. Make necessary changes and gain administrative approval to implement the strategies.
- 4) Implement the strategies.
- 5) The E.I. Task Force should develop and evaluate the effectiveness of these strategies on an ongoing basis and make adjustments where needed.

d. Projected Outcomes:

- 1) Professionals will work toward developing an attitude of openness to parents and their individual parenting styles.
- 2) Increased quantity and quality of parent involvement.
- 3) Improved home and school communication and relationships.
- 4) Improved educational opportunity for the young disabled child.

e. Additional Comments:

- 1) Valuing parent involvement may be viewed by teachers and parents as an "expected/desirable" behavior. Consequently, they may not always feel free to admit that their attitudes toward parent involvement are less than the "expected/desirable" attitude. Informal rap sessions with

parents and with teachers should be conducted in a non-threatening atmosphere that allows for "honest" discussion of attitudes toward the value of parent involvement.

PARENT CENTERED CURRICULUM

Parent Centered Curriculum

- a. Definition: A parent centered curriculum is the formal educational guide for a school system to follow in enhancing the quality of parent involvement in early intervention programs. The parent centered curriculum is the core of any parent centered program. In developing a parent centered curriculum, a school system will examine their existing E.I. program (including staffing, scheduling, materials, educational goals, parent support groups, etc.) and modify their program accordingly to provide greater opportunities for quality parent involvement.
- b. Purpose: The purpose of a parent centered curriculum is to promote an on-going E.I. program that makes it attractive and convenient for parents and teachers to work as teaching partners. The ultimate purpose is to provide a formal mechanism for a collaborative effort between home and school in offering quality educational programs for young developmentally disabled children.
- c. Process:
 - 1) The administration would work with the E.I. Task Force to develop a philosophy on which to build a parent centered curriculum. Within the philosophy, the group will arrive at consensus as to the definitions of "parents as partners", "parents as case managers", "teachers as partners",

and "a parent centered curriculum". Administration, staff and parents must not only agree to the philosophy, but must also pledge their commitment to the implementation of this philosophy. This philosophy must be formally written in the curriculum.

- 2) The administration and E.I. Task Force will review the existing E.I. curriculum to determine what modifications can be made to curricular content and methodology that will embrace the philosophy of the parent centered curriculum. Quite often, there is no need to change the existing content of a program, but rather to modify the methodology. The primary curricular modification is to use parents as equal partners in the development and implementation of their child's educational program.

Based on the experiences of Project PIPE, the following techniques are recommended to meet this curricular modification:

- a) The administration and E.I. Task Force should select a reliable and valid developmental assessment that can be administered by both parents and teachers and used as the basis of writing the child's IEP's. (Project PIPE and Blanchard Valley selected the Developmental

Programming for Infants and Young Children,
published by The University of Michigan
Press, as its assessment tool.)

- (1) Train parents and staff to administer
and interpret the assessment and its
results.
 - (2) Train parents and staff to work
collaboratively in writing IEP goal
statements.
 - (3) Train parents and staff to collaborate
on the design and implementation of
teaching strategies for home and school.
- b) Train parents to be their child's case
managers. This would include competency
regarding rights of the handicapped, skillful
communication with professionals, identification
and selection of appropriate services and
programs.
 - c) Train staff to work with parents as case
managers.
 - d) Develop a parent/peer support group.
 - e) Design a training program to be conducted for
new parents during intake.

- 3) The administration and E.I. Task Force will develop a time line for the systematic implementation of the parent centered curriculum including the following:
 - a) Training workshops
 - b) IEP conferences
 - c) IEP updates
 - d) Formal evaluation and follow-up of the progress of the strategies used in the parent centered curriculum.

d. Projected Outcomes:

- 1) An educational curriculum that endorses parents as equal partners in the education of young handicapped children.
- 2) Increased quantity and quality of parent involvement.
- 3) Parents who assume the role of advocate for their child and his/her educational program.
- 4) Improved home-school relationship.
- 5) Improved educational opportunity for the young developmentally disabled child.

e. Additional Comments:

- 1) Administration, staff and parent commitment to the philosophy is essential to the success of a parent centered curriculum. Without full commitment by any one of the three contingencies, the parent centered curriculum will experience less than optimum success. (e.g. parents and

administration may have committed to such a program, but if staff are hesitant to make such a commitment, the partnership will not be realized.) Under the best of circumstances, change causes anxiety, for which a program should be prepared.

- 2) Training parents to conduct assessment can be valuable in providing a reality based orientation for parents regarding their child's development. A word of caution should be offered for the professionals working with parents. In interpreting the assessment results, parents should be encouraged to concentrate more on what their child can do, rather than what they can't do. Parents may experience anxiety as they discover the extent of their child's developmental delays. However, they ultimately appreciate the realistic picture the formal assessment presents.
- 3) As teachers and parents collaborate on developing teaching strategies, the resource center will provide a major source of teaching methods and materials.
- 4) One suggestion for a follow-up evaluation of the success of a parent centered curriculum is to video tape IEP conferences and updates. This provides a tangible method for observing any changes that occur in the amount of parent

involvement found in the conferences.

- 5) For an overview of the development of a parent centered curriculum,

a video tape has also been prepared and is available from:

The Source

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